

FILED FEB 5 1947

Registration District No. 217

Primary Registration District No. 3057

Registrar's No. 8

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
311 South Camden
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 63 years
years, months or days

3. (c) PRINT FULL NAME Clara Belle Harris

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 14, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>2</u>	<u>20</u>	hr. _____ min.

9. Birthplace Caldwell Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER FATHER

12. Name Hannibal Harris

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Jane Thompson

15. Birthplace Ray Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Pearl Harris

(b) Address Richmond, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 1/6/47
(Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cem.

18. (a) Signature of funeral director Quest-Lile F.H.

(b) Address Richmond, Missouri

19. (a) Jan 13 - 47
(Date received local registrar)

(b) Malcol Jackson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond
(If outside city or town limits, write "RURAL")

(d) Street No. 311 S. Camden
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1947 hour 11:30 P. minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 27, 1946 to Jan 4, 1947

that I last saw her alive on Jan 4, 1947

and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 10 min.

Due to Hypertension 8 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 83A

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Dr. E. J. Keran (M.D. or other)

Address Richmond, Mo. Date signed Jan 19, 47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-25-47

FEB 6 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *George H. Hill*

Licensed Embalmer No. 4064

P. O. Address *Richmond, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.